U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8327	2. Fiscal Year Covered From:	
,	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Rachelle E Johnson	Name Ohio Education Association	
	Labor Organization File Number 512-490	
P.O. Box, Bldg., Room No., if any Box 2550	P.O. Box, Building and Room Number, if any Box 2550	
Street 225 E. Broad Street	Street 225 E. Broad Street	
City Columbus	City Columbus	
State Ohio ZIP Code + 4 43216	State Ohio ZIP Code + 4 43216	
5. Position in labor organization.  Dir. of Legal Svcs/Asst. Gen. Cncl.		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
S. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.		
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	Annount.	
City		
State ZIP Code + 4	and the second of the second o	
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Rachella John	0 100 200	
	On SISIUS U9-021-5081  Date Telephone Number	

Name of Person Filing Rachelle Johnson		File Number <b>U</b> -	
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.	giffes legarra gapara, copo de sojo po es ser esperanço es se aperações por como es en la terra plus en civida cantely a sigilar esp
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	11.b. Approximate dollar valu	ue of such dealing.	
City	12.a. Nature of interest hel		Empireusing gederkt sine ein bewegen auszum en troum auszen orus en
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.  Meal - 9/21/04	klassynnikansistellähillääläälä-alevänkyetti Cillernhehillä-siörel lähillää democilisten sossilaaten osat kaat en	
Name Cloppert, Latanick, Sauter & Washburn			
Trade Name, if any:	vivirinos/04888		abbinomer or or other
P.O. Box, Bldg., Room No., if any  Street 225 E. Broad Street  City Columbus			
State Ohio ZIP Code + 4 43216	Manufacture of the second seco		en e
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		<b>\$32</b>

Name	of	Person	Filing	Rachelle	Johnson

File Number U-

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Cloppert, Latanick, Sauter & Washburn	Meal - 10/7/04	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 225 E. Broad Street		
City Columbus		
State Ohio ZIP Code + 4 43216		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$27	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Cloppert, Latanick, Sauter & Washburn	Meal - 10/22/04	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 225 E. Broad Street		
City Columbus		
State Ohio ZIP Code + 4 43216		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$55	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including	14.a. Nature of payment.	
trade name, if any).  Name Cloppert, Latanick, Sauter & Washburn	Meal - 12/15/04	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 225 E. Broad Street		
City Columbus		
State Ohio ZIP Code + 4 43216		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$33	

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Cloppert, Latanick, Sauter & Washburn	Christmas giftcard to Cameron Mitchell Restaurants	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 225 E. Broad Street		
City Columbus		
State Ohio ZIP Code + 4 43216		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$100	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Hunter, Carnahan, Shoub & Byard	Meal - 9/15/04	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any 2nd Floor		
Street 3360 Tremont Road		
City Columbus		
State Ohio ZIP Code + 4 43221		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$26	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Hunter, Carnahan, Shoub & Byard	Meal - 10/8/04	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any 2nd floor		
Street 3360 Tremont Road		
City Columbus		
State Ohio ZIP Code + 4 43221		
13.b. Is the Business an Employer  or Consultant ?	14.b. Amount of payment. \$34	

Name of Person Filing	Rachelle	Johnson
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## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Kalniz, Iorio & Feldstein	Candy	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any P.O. Box 325170		
Street 5550 W. Central Ave.		
City Toledo		
State Ohio ZIP Code + 4 43635		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$9	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Kegler, Brown, Hill & Reiter	Cashews - Christmas	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 1800		
Street 65 East State Street		
City Columbus		
State Ohio ZIP Code + 4 43215		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$40	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name    Control   Control		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City [		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	